

[illegible]

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>39C0001061</b>	(X2) MULTIPLE CONSTRUCTION:  A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED:  <b>12/06/2022</b>
NAME OF PROVIDER OR SUPPLIER: <b>THREE RIVERS ENDOSCOPY CENTER, INC.</b>  STATE LICENSE NUMBER: <b>07571500</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>725 CHERRINGTON PARKWAY, SUITE 101 MOON TOWNSHIP, PA 15108</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
S 0000	INITIAL COMMENT	S 0000			
	This report is the result of a State Licensure survey conducted on November 30, 2022, with continued document review through December 6, 2022, at Three Rivers Endoscopy Center, Inc.. It was determined the facility was not in compliance with the requirements of the Pennsylvania Department of Health's Rules and Regulations for Ambulatory Care Facilities, Annex A, Title 28, Part IV, Subparts A and F, Chapters 551-573, November 1999.				
S 0015		S 0015			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE:		(X6) DATE:

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S 0015	Continued from page 1  51.4 (a) Change in Ownership/Management  51.4. Change in ownership; change in management.  (a) A health care facility shall notify the Department in writing at least 30 days prior to transfer involving 5% or more stock or equity of the health care facility.  This REGULATION is not met as evidenced by:	S 0015	When there will be an ownership change within the company of 5% or greater, an emergency board meeting will held at least 3 months prior to the change, and this will be to approve the change in ownership. This will prompt the necessary personnel to begin the paperwork to notify The Department of Health of the 5% or greater ownership change. The Executive Director and Director of Nursing will ensure that the notification does occur at least 30 days prior to its occurrence.	Completion Date: <b>12/19/2022</b> Status: <b>APPROVED</b> Date: <b>12/21/2022</b>	

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S 0015	<p>Continued from page 2</p> <p>Based on review of facility documents and staff interview (EMP), it was determined the facility failed to provide notification to the Department of Health (Department) for a change of ownership at least 30 days prior to its occurrence on September 9, 2022.</p> <p>Findings include:</p> <p>A review on November 30, 2022, of a letter received by the Department from the Three Rivers Endoscopy Center Inc. revealed, "... September 20, 2022... I am writing to notify the Department of Health of an ownership change/transfer of interest for Three Rivers Endoscopy Center (TREC). ..."</p> <p>1. Review of the Three Rivers Endoscopy Center Ownership Statement dated September 9, 2022, revealed the ownership Percentage changed from 17.72% to 15.05% for four owners, from 13.92% to 11.83% for three owners, 0% to 15.05 % for one owner and from 5.06% to 4.31% for one owner.</p>	S 0015			

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S 0015	Continued from page 3  During an interview on December 6, 2022, at approximately 2:25 PM, EMP1 confirmed the facility notification to the department occurred after the change of ownership was in effect and not 30 days prior to the change(s) in ownership September 9, 2022.	S 0015			



# Certified End Page

**THREE RIVERS ENDOSCOPY CENTER, INC.**

**STATE LICENSE NUMBER: 07571500**

**SURVEY EXIT DATE: 12/06/2022**

**I Certify This Document to be a True and Correct Statement of Deficiencies and  
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

*Jeane Parisi*  
*Deputy Secretary for Quality Assurance*

A handwritten signature in black ink that reads "Debra L. Bogen MD".

*Debra L. Bogen, MD, FAAP*  
*Acting Secretary of Health*



THIS IS A CERTIFICATION PAGE

**PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY